

Case Number:	CM14-0191878		
Date Assigned:	11/25/2014	Date of Injury:	06/09/2009
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient's underlying date of injury is 06/09/2009. The date of the utilization review under appeal is 10/31/2014. The patient's diagnoses include probable lumbar herniated nucleus pulposus, rule out lower extremity radiculopathy, and lower extremity weakness. On 10/27/2014, the patient was seen in primary treating physician followup regarding a lumbar sprain, probable lumbar herniated nucleus pulposus, lower extremity radiculopathy, and lower extremity weakness. The objective described on an exam, which discusses limited lumbar range of motion and a Lasgue test producing pain on the posterior thigh, left greater than right. The patient was noted to ambulate with an antalgic gait with no assistive device. No specific neurological deficit is noted. The treating physician recommended return to modified work with no lifting over 10 pounds and no repetitive bending or stooping and no walking, standing, or sitting in excess of 50% of the work shift. Prilosec, Motrin, and Flexeril were recommended. An epidural injection was recommended for the lumbar spine at L5-S1 on the left. That note states the patient is ambulating with a cane using his right hand and that a urine test was recommended to monitor prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Epidural injection of lumbar spine L5-S1 on left: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, states that radiculopathy should be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic testing. The medical records in this case do not include such correlation. There are no specific neurological deficits noted on physical examination to support an indication for an epidural injection. Prior MRI imaging has shown minimal degeneration at the requested level without focal compression. The guidelines have not been met for an epidural injection. This request is not medically necessary.

Prilosec 20mg bid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories and GI symptoms Page(s): 68.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiinflammatory medications and gastrointestinal symptoms recommends the clinician should determine if the patient is at risk for gastrointestinal events. The medical records at this time do not discuss such risk factors to support a rationale or indication for Prilosec. This request is not medically necessary.

Flexeril 10mg Qhs prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, beginning on page 63, discusses Flexeril and indicates this is indicated only for a short course of therapy. The medical records outline ongoing chronic use of this medication. The records do not provide a rationale for such use. This request is not medically necessary.

Acupuncture 2x3 for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This is a request for continued acupuncture. California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1 states that acupuncture treatments should be extended only if specific functional improvement is documented as defined in section 92.20. The records do not provide such detail regarding past acupuncture treatment in this case. This request is not medically necessary.

Cane for (R) hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Walking Aids.

Decision rationale: The California Medical Treatment Utilization Schedule does not directly address the use of gait aids. Official Disability Guidelines/Treatment in Workers Compensation/knee does discuss walking aids and states that disability, pain, and age-related impairments seem to determine the need for a walking aid. The physical exam in this case states that this patient is able to ambulate without an assistive device. No specific weakness is documented. The rationale or indication for a cane is, thus, not known based on the available information. This request is not medically necessary.

Urine test to monitor prescribed medication: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on drug testing, page 43, states that drug testing is recommended as an option to screen for the use or presence of illegal drugs. The medical records do not indicate that this patient has been prescribed potential drugs of abuse. The rationale or risk factors or the clinical reasoning to support an indication for drug testing is not apparent. This request is not medically necessary.